E001 P00759-US3

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Attorney Docket Number

E001 P00759-US3

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DECLARATION	SIGN	IVOR	First Named Inventor	GALLI, F	Robert D.						
PATENT A	COMPLETE IF KNOWN										
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Declaration	Declarat	ion	Filing Date								
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Filing	(37 ČFR	₹ 1.16 (e))	Examiner Name								
	required	1)									
I hereby declare that:											
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.											
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
LIGHTING HEAD ASSEMBLY WITH REVERSE POLARITY PROTECTION											
EIGHTHAG HEAD AGGENOET WITH HEVELIGET GEARTH THOTEGRADIA											
(Title of the Invention)											
the specification of which											
is attached hereto											
is attached hereto											
is attached hereto OR											
OR	····]	a Analization N	lumbar ar DC	T International					
	YYYY)		as United State	s Application N	lumber or PC	T International					
OR was filed on (MM/DD/	YYYY)	and was amended	as United State		lumber or PC						
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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer. U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NAME OF SOLE OR FIRST IN	YENTOR:		Пды	etition ha	s been file	d for th	is unsigr	ned inventor		
Given Name (first and middle [if any]) Robert D.				Family Name or Surname GALLI						
Inventor's Signature	TRES	lh						U l.e	03	
Residence: City Las Vegaa	State / NV			Country US			Citizer US	nshipl		
Mailing Address 8176 Horseshoe Bend Lane										
City	State			ZIP			Country,			
Las Vegas	NV			1 8	9113		1.	US		
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor										
Given Name (first and middle [if any])				Family Name or Sumame						
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Additional inventors or a legal re	presentative are bei	ng named on Il	ne	upplement	ol sheet(s) PT	O/SB/02/	A or 02LR	atlached hereto.		

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